
Ongar Rural District Council



Annual Report

of the

Medical Officer of Health

including the Report of the

Sanitary Inspector

For the year ending December 31st, 1946.

Ongar Rural District Council

To the Chairman and Members of the
Ongar Rural District Council.

Mr. Chairman, Ladies and Gentlemen,

I have pleasure in presenting to you the Annual Report for 1946, on the health and sanitary circumstances of the district.

I take this opportunity of acknowledging my indebtedness to Dr. A. S. David, my predecessor, for supplying me with much of the information required for the completion of this report, and to wish him, on your behalf, a long and happy retirement.

I know that he would wish me to thank the staff of the Public Health Department for their help and co-operation, and the Chairman and members of the Public Health Committee for their support during the year.

H. FRANKS, M.B., B.S., D.P.H., B.Hy.

Medical Officer of Health.

ONGAR RURAL DISTRICT COUNCIL

PUBLIC HEALTH COMMITTEE, 1946

Chairman: Councillor J. S. Filshie.

Members:

Councillor	H. G. Acres	Councillor	D. R. Gunary
„	C. S. Bent-Marshall	„	Dr. S. A. M. Hatfield
„	F. J. Bosworth	„	Miss M. F. Hadler
„	T. E. Bere	„	E. B. Marriage
„	F. Bretton	„	N. F. Miles
„	A. E. Broom	„	H. W. Millbank
„	J. T. Coles	„	H. C. McKinlay
„	H. E. Clarke	„	J. G. Padfield
„	L. S. Clarke	„	S. Padfield
„	J. Denholm	„	J. A. J. Parrish
„	H. A. Davis	„	E. G. Roast
„	T. Elliott	„	F. C. Webber
„	J. W. Frost	„	E. Wood
„	A. K. Galloway	„	J. R. Woppard
„	D. Gemmill	„	J. H. Wainwright
„	T. Glassee	„	F. A. Wheelhouse

PUBLIC HEALTH STAFF

Medical Officer of Health:

Dr. A. S. DAVID, M.R.C.S., L.R.C.P.

Sanitary Inspectors:

Mr. P. PEARCE, A.S.I., M.S.I.A. (until 1st Sept., 1946)
Mr. W. F. DASCOMBE, M.S.I.A., M.R.S.I.

Clerks:

Chief Clerk: Mr. K. D. Harrington.

Miss E. M. Peacock.

Miss G. B. Guest, from May, 1946.

Section A

STATISTICS and SOCIAL CONDITIONS of the AREA

Area (in acres)	...	...	...	...	...	47,236
Population	...	...	...	...	...	13,870
Number of inhabited houses	...	...	...	...	...	4,369
Rateable value	...	...	...	...	£60,286	0 0
Sum represented by a penny rate	...	...	...	...	£235	10 11

The rate in the pound was 20s. 2d.

VITAL STATISTICS

		Male.	Female.	Total.
Live Births:	Legitimate	...	152	124
	Illegitimate	...	3	5
				TOTAL: 284

Birth rate per 1,000 of the population 20.5

		Male.	Female.	Total.
Still Births:	Legitimate	...	4	3
	Illegitimate	...	1	0
				TOTAL: 8

Rate per 1,000 (live and still) births 28.2

		Male.	Female.	Total.
Deaths	...	...	...	...
		85	74	159

(Registrar General's Figures)

Death rate per 1,000 population 11.5

Deaths of Infants under 1 year:

		Male.	Female.	Total.
Legitimate	10	2
Illegitimate	0	0
				TOTAL: 12

Death rate of infants under 1 year 42.3
(per 1,000 live births)

Maternal Deaths:

Puerperal and Post-abortion sepsis	...	...	...	0
Other maternal causes	...	...	...	1
			TOTAL:	1
Maternal Death rate (per 1,000 total births)	...	...		3.5
Deaths from Diarrhoea and Enteritis under age 2 years				0

CAUSES OF DEATH AS GIVEN BY THE REGISTRAR GENERAL FOR THE YEAR 1946.

		Male.	Female.	Total.
Tuberculosis of the Respiratory system		4	0	4
Tuberculosis, other forms	...	0	1	1
Influenza	...	0	1	1
Cancer (all forms)	...	14	19	33
Intracranial vascular lesions	...	5	9	14
Heart Disease	...	28	26	54
Other Diseases of Circulatory system		3	2	5
Bronchitis	...	4	0	4
Pneumonia	...	8	2	10
Other Respiratory Diseases	...	1	1	2
Ulcer of Stomach and Duodenum	...	2	1	3
Digestive Diseases	...	2	1	3
Nephritis	...	5	0	5
Maternal deaths (non-sepsis)	...	0	1	1
Congenital malformations	}			
Birth injuries		2	2	4
Infantile Diseases				
Suicide	...	1	0	1
Road Traffic accidents	...	1	0	1
Other violent causes	...	3	0	3
All other causes	...	2	8	10
	TOTAL:	85	74	159

Table of Comparative Birth Rates and Death Rates in the year 1946

(Provisional figures based on weekly and quarterly returns)
Rates per 1,000 population.

		England and Wales	126 County Boroughs & Great Towns including London.	148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census.	? London Adm. County	Ongar R.D.C.
Still births	...	0.53	0.67	0.59	?	0.59
Live births	...	19.1	22.2	21.3	21.0	20.5
Deaths: All causes		11.5	12.7	11.7	12.7	11.5

Comments on Vital Statistics for 1946.

- (1) All figures have been corrected for "inward" and "outward" transfers—i.e., they refer to persons who normally reside in the district, and they include all births and deaths amongst them wherever occurring.
- (2) Birth rates and death rates in the district will be observed to follow the national figures very closely, and tend in each case to be slightly below those in the larger towns. Comparative figures for illegitimate births in 1946 are not available, but they usually comprise between 4% and 5% of total births in this country, the rate for this district in 1946 being 2.7%.

Section B

GENERAL PROVISION OF THE HEALTH SERVICES IN THE DISTRICT.

(a) **Public Health Officers** of the Local Authority (see page 2).

(b) **Laboratory Facilities.** A Ministry of Health Laboratory operated at St. Margaret's Hospital, Epping. Milk, water and ice cream samples are examined at the Counties Public Health Laboratory, 66, Queen Victoria Street, London, S.W.1.

(c) **Ammbulance Facilities.** The Councils' ambulance answered 197 calls during the year.

(d) **Hospitals.** St. Margaret's Hospital, Epping.
Chelmsford Isolation Hospital (for infectious cases only).
Ongar War Memorial Hospital (26 beds).

(e) **Child Welfare.** The Welfare Authority is the Essex County Council. Clinics are held at the following times and places:

ONGAR:	The Congregational Church Hall	2nd & 4th Thursdays in the month, 2 p.m.
ABRIDGE:	The Gymnasium	2nd & 4th Wednesdays in the month, 2.30 p.m.
MORETON:	The Village Hall	3rd Friday in the month, 2 p.m.
FYFIELD:	The Village Hall	2nd Friday in the month, 2 p.m.
STONDON	The Village Hall,	1st Thursday in the month, 1.45 p.m.
MASSEY:	Weighing Centre	
DODDINGHURST:	The Village Hall	3rd Tuesday in the month, 2 p.m.
WILLINGALE:	The Village Hall	3rd Thursday in the month, 2 p.m.
BLACKMORE:	The Baptist Chapel	4th Friday in the month, 2 p.m.

Diphtheria Immunisation is available free of charge at the above clinics, and also, under the Rural District Councils' scheme, at any doctor's surgery.

Home visiting is carried out by the County Council's Health Visitors in the area.

(f) **School Medical Service.** The Education Authority is the Essex County Council. School nurses inspect the children regularly, and there is a medical inspection at each school not less than once a year.

(g) **Tuberculosis Service.** Tuberculosis Dispensary of the Essex County Council at the Combined Treatment Centre, Regent Road, Epping—every Tuesday from 9 a.m. to 1 p.m.

During the year a Care Association was set up for an area covering the Chigwell, Epping, Waltham Abbey and Ongar Districts. The Association assists cases awaiting admission to sanatorium in various ways and arranges also for the admission of child contacts to convalescent homes. It concerns itself also with the after care of patients by assistance in obtaining materials for occupational therapy and whenever possible, suitable employment for those fit for work. The Association is supported by voluntary contributions and receives also a grant from the County Council.

The Honorary Secretary is Mr. A. J. Edwards, 37, Woodland Road, Loughton.

(h) District Nurses employed by the Ongar District Nursing Association, and Midwives employed by the Essex County Council, serve the area.

Sections C, D and E

SANITARY CIRCUMSTANCES OF THE AREA.

(Report of W. F. Dascombe, Esq., Sanitary Inspector and Cleansing Superintendent).

In accordance with the recommendations of Circular 13/47 of the Ministry of Health, the Annual Report is again an interim one and deals only with the major aspects of the sanitary conditions of the District, and includes a summary of the work carried out during the year.

1. WATER SUPPLIES.

All main water supplied to the Ongar Rural District is obtained from the Herts and Essex Waterworks Co., Ltd., Harlow. The water is chlorinated by the Company before passing into supply; it is sufficient in quantity and is of a very high chemical and bacteriological standard. Samples are taken at regular intervals and the following analytical report may be said to be representative:

CHEMICAL RESULTS IN PARTS PER MILLION.

Apperance: Bright with few particles of mineral debris.

Turbidity (Silica Scale): Less than 5.

Colour (Hazen): Nil. Odour: NIL.

Reaction pH: Neutral 7.3. Free Carbon Dioxide: 21.

Electric Conductivity at 20°C: 670.

Total Solids dried at 180°C: 450.

Chlorine in Chlorides 26. Alkalinity as Clacium Carbonate 300

Hardness: Total 350. Carbonate (Temporary) 300.

Non-Carbonate (Permanent) 50.

Nitrogen in Nitrates 0.0. Nitrogen in Nitrites: Less than 0.01.

Free Ammonia 0.000. Oxygen absorbed in 4 hrs. at 27°C 0.20.

Albuminoid Ammonia 0.000.

Metals: Iron.: Other metals absent.

BACTERIOLOGICAL RESULTS.

Number of Colonies developing on Agar per cc. or ml. in	1 day at 37°C	2 days at 37°C	3 days at 20°C
			not examined

Presumptive Coliform Reaction:	Present in—	Absent from 100ml
Bact. coli	Present in—	Absent from 100ml
Cl. Welchii Reaction	Present in—	Absent from —

This sample is practically clear and bright in appearance, neutral in reaction and free from metals apart from a minute trace of iron. The water is very hard in character although its hardness is not excessive and it is free from any excess of mineral or saline constituents in solution. It conforms to the highest standard of organic quality and is of satisfactory bacterial purity inasmuch as coliform organisms are absent from 100ml.

These results are consistent with a pure and wholesome water which is suitable for drinking and domestic purposes.

(Sgd.) ROY C. HEATHER.

Of the 23 parishes which constitute the Ongar Rural District Council, 22 have a main water supply in at least part of the parish, and schemes are now in hand for the further provisions or extension of the main supply in the following 12 parishes:—

Willingale, Blackmore, Doddington, Little Laver, Abbess Roding, Beauchamp Roding, Fyfield, Stanford Rivers, Stapleford Abbotts, Stapleford Tawney, Theydon Mount and Stondon Massey.

These proposed new mains and extensions should go far to meet the requirements of the more rural parts of the District for a supply of piped water.

Water supplies for domestic purposes other than main supplies, are generally derived from local wells. These wells are usually shallow in character, and a typical analytical report is as follows:—

CHEMICAL RESULTS IN PARTS PER 100,000

Appearance: Very faint opalescence with very slight flocculent deposit of mineral debris. No microscopic life found.

Turbidity: Less than 5 parts per million Silica Scale.

Colour: **Normal.** Odour: **NIL.**
Reaction H: Faint acid **6.3.** Free Carbonic Acid: **2.5.**
Electric Conductivity @ 20°C: **345.**
Total solids dried @ 180°C: **23.0.**
Chlorine in Chlorides: **2.1.** Alkalinity as Calcium Carbonate **3.5.**
Hardness: Total **13.5.** Carbonate (Temporary) **3.5.**
Non-Carbonate (Permanent) **10.0.**
Nitrogen in Nitrates **1.2.** Nitrogen in Nitrites **Less than 0.001.**
Free Ammonia **0.0006.** Ammoniacal Nitrogen —.
Albuminoid Ammonia **0.0036.** Albuminoid Nitrogen —.
Oxygen absorbed in 24 hours @ 27°C **0.030.**
Metals: **Iron: Less than 0.003.** Other metals absent.

BACTERIOLOGICAL RESULTS

Number of Colonies developing on Agar per cc. or ml. in	1 day at 37°C	2 days at 37°C	3 days at 20°C
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Presumptive Coliform Reaction:

* Present in **0.1 c.c.** Absent from **0.1 c.c.**

‡ Present in **100 c.c.** Absent from **50 c.c.**

Bact. coli	Present in—	Absent from 100 c.c.
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Cl. welchii Reaction	Present in—	Absent from —
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* False Presumptive reaction due to sporing organisms.

‡ Due to coliform organisms of Intermediate Type 1.

This sample is practically clear and bright in appearance, and free from metals apart from a negligible trace of iron. It is free from other metals. The water is acid in reaction, has a low content of alkalinity and a corrosive action on metals would be anticipated. Since variation in character may enhance corrosive tendencies it would be advisable to avoid the use of lead in connection with this supply. The water has a very moderate hardness and its content of salinity and mineral constituents in solution is not excessive. It is of satisfactory organic and bacterial purity.

The water is considered wholesome in character and suitable for drinking and domestic purposes.

(Sgd.) GORDON MILES.

Complaints respecting water derived from wells are investigated and the water sampled where necessary. In the event of an unfavourable report being received concerning such a sample, action is taken to provide main water where possible, or to eliminate the cause of complaint from the water supply if a main supply is not available.

Sufficient information is not available at present to state the number of dwelling houses in the District which are without main water, but it is anticipated that by the end of 1947 a complete return will be available based upon information yielded by the current survey of rural housing in the District.

REFUSE AND SALVAGE DISPOSAL.

A service for the collection of refuse and salvage for the whole district was put into operation for the first time from the 1st April last year. Collections are made at various intervals varying from every week to two months depending upon the requirements of each parish. One 10 cubic yard vehicle and one 7 cubic yard vehicle are employed for these collections, and all refuse and salvage is sorted at the Stondon Massey Refuse Depot. Disposal is by means of controlled tipping and much work has been done to convert the refuse tip into a properly controlled tip free from unsightly exposed heaps of refuse and their accompanying infestations of flies and crickets.

Paper, Textiles, Bones, Cast Iron, Glass and non-ferrous metals are sorted and sold at standard prices. A total of 173 tons of these materials were disposed of in this way during the year, and £868, representing one-third of the total cost of the refuse and salvage collection service, was received by the Council. It is also to be noted that this Council usually ranks second or third in the monthly returns for the amount and value of salvage collected by the Rural Councils in the County of Essex.

FACTORIES ACT, 1937.

A Register of Factories in the Ongar Rural District is in the progress of compilation, and inspections are being carried out to ensure that the provisions of the Factory Act, 1937, relating to cleanliness, water supply and sanitary accommodation, etc., are complied with.

The following table summarises the inspections made and the resultant action taken:

Inspections for purposes of provisions as to health.

Premises.	Number on Register.	Written Notices.	Inspection.	Prosecuted.
Factories where Sections 1-6 of Factory Act, 1937, are enforced...	20	16	3	0
Factories where Sections 7 of Factory Act, 1937, is enforced	4	2	1	0
TOTALS:	24	18	4	0

Cases in which defects were found:

Particulars	Defects found.	Defects remedied.	Referred to H.M. Inspector.	Referred by H.M. Inspector.	Prosecutions.
Want of Cleanliness ...	3	3	0	0	0
Sanitary conveniences—					
a. Insufficient ...	1	1	0	0	0
b. Unsuitable or defective ...	1	1	0	0	0
c. Used in common...	1	1	0	1	0
TOTALS:	6	6	0	1	0

DRAINAGE AND SEWERAGE.

There has been no alteration in the provisions of drainage and sewerage in the District since the presentation of the last Annual Report. Of the 23 parishes, Chipping Ongar, Greensted, High Ongar, Lamourne, Marden Ash, Stanford Rivers, Blackmore and Moreton are sewered either wholly or in part and a scheme of main drainage has been prepared and is ready for installation in Blackmore together with a scheme for Doddinghurst which can follow or be concurrent with that of Blackmore.

The deposit of pail closet contents and sink-waste drainage is giving rise to difficulty in some parishes, but every effort is being made to install small individual disposal systems where practicable, until such time as main drainage becomes available.

SUMMARY OF SANITARY VISITS FROM FEBRUARY, 1946, TO JANUARY, 1947.

PUBLIC HEALTH and HOUSING ACTS, 1936.

1. (a) Total number of dwelling houses inspected for Housing defects (under Public Health or Housing Acts, 1936)	118
(b) Total number of inspections for the purpose ...	382
2. Remedy of defects during the year without service of Formal Notices: Number of defective dwelling houses remedied in consequence of informal action by the Local Authority or its Officer	47
3. Action under Statutory Powers during the year: Number of dwelling houses which were rendered fit after service of formal notices:	
(a) By owners	4
(b) By Local Authority in default of owners ...	0
Overcrowding Inspections	30
Visits in respect of Rural Housing Survey ...	144
Certificates issued in respect of Essential Repairs ...	28

FOOD AND DRUGS ACT, 1938.

Visits to:

Shops	52
Slaughter Houses	8
Shops and Stalls	5
Butchers	19
Fishmongers	3
Grocers	7
Ice-Cream Premises	15
Restaurants	18
Street Vendors, and Hawkers Carts ...	1

INFECTIOUS DISEASE.

Inquiries in cases of Infectious Disease	...	...	...	...	8
Miscellaneous Infectious Disease Visits	...	...	...	...	10
Visits re Diphtheria Immunisations	...	...	...	...	22

PUBLIC HEALTH ACT, 1936.

Visits to:

Water Supplies	...	...	...	...	...	70
Drainage	...	...	...	...	...	125
Stables and Piggeries	...	...	...	...	...	15
Fried Fish Shops	...	...	...	...	...	3
Tents, Vans and Sheds	...	...	...	...	...	24
Refuse Collection	...	...	...	...	...	18
Refuse Disposal	...	...	...	...	...	27
Smoke Observation	...	...	...	...	...	1
Schools	...	...	...	...	...	11
Fumigations	...	...	...	...	...	3
Miscellaneous Visits	...	...	...	...	...	23

FACTORIES ACT, 1937.

Factories	...	...	...	...	...	5
Bakehouses	...	...	...	...	...	13

MILK AND DAIRIES.

Cowsheds	...	...	...	...	...	198
Dairies and Milk Shops	...	...	...	...	...	3
Milk Samples	...	...	...	...	...	60

MISCELLANEOUS.

Visits re:

Petroleum Licences	...	...	...	...	...	11
Rats and Mice	...	...	...	...	...	11

TOTAL NUMBER OF INSPECTIONS 1,565

Section F

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS DISEASES.

			Cases	Notified.	Deaths.
Scarlet Fever	...	...	10		0
Measles	...	...	31		0
Whooping Cough	...	...	2		0
Dysentery	...	...	13		0
Pneumonia	...	...	1		10
Jaundice	...	...	1		0

Comparative Tables of Infectious Disease Notification and Death Rates per 1,000 of the population in 1946.

(Provisional figures based on Weekly and Quarterly Returns).

1. Notifications per 1,000 population.

		England & Wales	126 County Boroughs and Great Towns including London.	148 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census.	London Admn. County	Ongar R.D.C.
Typhoid Fever	...	0.01	0.01	0.01	0.01	0.00
Paratyphoid Fever		0.02	0.02	0.01	0.01	0.00
Scarlet Fever	...	1.38	1.51	1.33	1.42	0.72
Cerebro Spinal Fever	0.05	0.05	0.05	0.04	0.06	0.00
Whooping Cough	...	2.28	2.48	2.05	2.22	0.15
Diphtheria	...	0.28	0.32	0.31	0.24	0.00
Erysipelas	...	0.22	0.25	0.22	0.27	0.00
Smallpox	...	0.00	0.00	0.00	0.00	0.00
Measles	...	3.92	4.73	3.70	7.35	2.24
Pneumonia	...	0.89	1.02	0.74	0.75	0.07

2. Deaths per 1,000 population.

Typhoid & Paratyphoid	0.00	0.00	0.00	0.00	0.00
Scarlet Fever	...	0.00	0.00	0.00	0.00
Whooping Cough	...	0.02	0.02	0.02	0.02
Diphtheria	...	0.01	0.01	0.01	0.01
Influenza	...	0.15	0.13	0.14	0.12
Smallpox	...	0.00	0.00	0.00	0.00
Measles	...	0.00	0.01	0.00	0.01

COMMENT ON INFECTIOUS DISEASE INCIDENCE.

It will be noted from the above tables that in the case of all infectious diseases for which comparative figures are available the notification rates and death rates in this district are well below those of England and Wales, the large and small towns, and the London Administrative County.

Tuberculosis.

17 new cases of pulmonary tuberculosis and 7 cases of non-pulmonary tuberculosis were notified during the year. There were 5 deaths from tuberculosis.

Diphtheria Immunisation.

A scheme for the immunisation of children under 14 years of age has been in operation in the District for many years and in October, 1946, efforts were made to render the scheme more effective by establishing a card index record of every child under the age of 14 years resident in the area. This facilitated every possible step being taken to persuade the parents of unimmunised children to take advantage of the Council's scheme.

Encouragement takes form of sending birthday cards recommending immunisation to all children upon their first birthday, and the circularisation of the parents when the child is about three years of age. Immunisation is further encouraged and maintained by arranging treatment and the giving of "boosting" doses when immunity is beginning to decline, in the surgeries of the private practitioners or at collective clinics, and at school clinics held at intervals.

The number and percentage of children who had been immunised as at the 31st December, 1946, is as follows:—

Total number of children under 14 years of age as on record	3,942
Number of children under 1 year of age	415
Total number of children known to have been completely immunised	3,074
% of children between the ages of 1 and 14 now immunised	78%

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